

# Fallopian tube recanalisation by guidewire

Interventional procedures guidance

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[www.nice.org.uk/guidance/ipg71](http://www.nice.org.uk/guidance/ipg71)

## 1 Guidance

- 1.1 Fallopian tube recanalisation by guidewire is safe enough for use, provided that the normal arrangements are in place for consent, audit and clinical governance.
- 1.2 The efficacy of the procedure in improving the chance of pregnancy is impossible to gauge from available research.
- 1.3 Clinicians wishing to undertake fallopian tube recanalisation by guidewire should take the following actions:
  - Ensure that patients understand the uncertainty about the procedure's efficacy and provide them with clear written information. Use of the Institute's [information for the public](#) is recommended.
  - Audit and review clinical outcomes including pregnancy rates of all patients having fallopian tube recanalisation by guidewire.

## 2 The procedure

### 2.1 Indications

- 2.1.1 Fallopian tube recanalisation by guidewire is a treatment for infertility caused by blocked fallopian tubes, especially if the blockage is close to the entrance to the uterus (proximal).
- 2.1.2 Alternative radiological methods of clearing tubal obstruction include balloon tuboplasty, which involves inflating a small balloon within the fallopian tube. Tubal obstruction may also be treated surgically.

### 2.2 Outline of the procedure

- 2.2.1 Fallopian tube recanalisation by guidewire is carried out during the same treatment session as diagnostic salpingography and involves inserting a catheter into the fallopian tube. This, or the subsequent injection of radio-opaque dye, may clear the obstruction. If these strategies fail, a guidewire may be passed up into the fallopian tube through the catheter, and manipulated to clear the obstruction.

### 2.3 Efficacy

- 2.3.1 No controlled studies were identified. In one study, successful recanalisation was reported in 77% (321/417) of the tubes of 302 patients. Thirty (10%) of these 302 patients became pregnant without further infertility treatment within 12 months of undergoing the procedure. In another study, successful recanalisation was reported in 75% (176/234) of patients. Of these, 22% (39/176) had subsequent live births. For more details, refer to the Sources of evidence section.
- 2.3.2 One Specialist Advisor noted that the degree of efficacy may depend on patient selection.

## 2.4 Safety

- 2.4.1 In the studies identified, the rate of tubal perforation ranged from 1% (4/417) to 11% (4/38), and the rate of tubal pregnancy from 0.4% (1/234) to 8% (3/38). Other reported complications were sepsis in 0.9% (2/234) of patients, and pain requiring medication in 3% (7/234 and 4/150) of patients. For more details, refer to the Sources of evidence section.
- 2.4.2 The Specialist Advisors listed the main potential complications as fallopian tube perforation, intra-abdominal bleeding and infection.

## 2.5 Other comments

- 2.5.1 There is a distinction between efficacy in terms of opening the fallopian tubes and in terms of achieving pregnancy.
- 2.5.2 The procedure is often used as an adjunct to other fertility treatments.
- 2.5.3 There is a potential risk of tubal perforation that may then reduce the chance of pregnancy.
- 2.5.4 Although the evidence showed an increased risk of tubal pregnancy, it was noted that there was generally a greater risk of tubal pregnancy in patients with tubal disease, even without this procedure.

## 3 Further information

- 3.1 The Institute has issued a clinical guideline, 'Fertility: assessment and treatment for people with fertility problems'.

## Sources of evidence

The evidence considered by the Interventional Procedures Advisory Committee is described in the following document.

'Interventional procedure overview of fallopian tube recanalisation by guidewire', May 2003.

## Information for patients

NICE has produced [information on this procedure for patients and carers](#) ('Understanding NICE guidance'). It explains the nature of the procedure and the guidance issued by NICE, and has been written with patient consent in mind.

## 4 About this guidance

NICE interventional procedure guidance makes recommendations on the safety and efficacy of the procedure. It does not cover whether or not the NHS should fund a procedure. Funding decisions are taken by local NHS bodies after considering the clinical effectiveness of the procedure and whether it represents value for money for the NHS. It is for healthcare professionals and people using the NHS in England, Wales, Scotland and Northern Ireland, and is endorsed by Healthcare Improvement Scotland for implementation by NHSScotland.

This guidance was developed using the NICE [interventional procedure guidance](#) process.

We have produced a [summary of this guidance for patients and carers](#). Information about the evidence it is based on is also [available](#).

### Changes since publication

26 January 2012: minor maintenance.

### Your responsibility

This guidance represents the views of NICE and was arrived at after careful consideration of the available evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of healthcare professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful

discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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# Endorsing organisation

This guidance has been endorsed by [Healthcare Improvement Scotland](#).